Image# 13961706446 PAGE 1 / 49

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An A	nittee	Office Use Only							
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the line		12FE4M5						
American Academy of	Family Physicians	s Political Action	Committee							
				1 1 1 1 1						
ADDRESS (number and street)	1133 Connecticut Aven	ue, NW								
Check if different	Suite 1100									
than previously reported. (ACC)	Washington			DC _	20036					
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A		STATE A	ZIP CODE ▲					
C C00411553	3	B. IS THIS REPORT	NEW (N) OR	× (A)	ENDED					
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)	=	Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)					
(a) Quarterly Reports:		Apr 20 (M4)	Jul 20 (M7)	=	(Non-Election Year Only) 0 (M10) Jan 31 (YE)					
April 15 Quarterly Report (C	21)		-							
July 15 Quarterly Report (C	(C) 12-Day			General (1						
October 15 Quarterly Report (C	·		S.: (.25)	oposiai (ii						
January 31 Year-End Report (Y	′E)EI	ection on	/ D = D /	Y Y Y Y Y	in the State of					
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the		(30G)	Runoff (30	OR) Special (30S)					
Termination Report (TER)	EI	ection on	/ D = D /	Y	in the State of					
5. Covering Period 02		13 through	gh 02	/ D D /	2013					
I certify that I have examined th	is Report and to the bes	st of my knowledge a	nd belief it is tru	e, correct and	complete.					
Type or Print Name of Treasure	r Randell K. Wexler, MD									
Signature of Treasurer Rand	lell K. Wexler, MD	[Electron	ically Filed] D	Date 04	19 / 2013					
NOTE: Submission of false, errone	eous, or incomplete inform	nation may subject the	person signing th	nis Report to the	e penalties of 2 U.S.C. §437g.					
Office Use Only					FEC FORM 3X Rev. 12/2004					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 02 01 2013 To: 02 28 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		402087.22
	(b) Cash on Hand at Beginning of Reporting Period	417799.68	
	(c) Total Receipts (from Line 19)	62770.49	79345.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	480570.17	481433.21
7.	Total Disbursements (from Line 31)	93512.18	94375.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	387057.99	387057.99
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

titions (other than loans) From: ividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees ch as PACs) al Contributions (add Lines		43719.54 43719.54 18646.14 62365.68	53472.87 24929.64 78402.51
Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees cer Political Committees ch as PACs)		18646.14 62365.68	24929.64
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees ch as PACs)		18646.14 62365.68	24929.64
Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees ch as PACs)		18646.14 62365.68	24929.64
TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees ch as PACs)	7	62365.68	
Lines 11(a)(i) and (ii) itical Party Committees er Political Committees ch as PACs)	7		78402.51
er Political Committees ch as PACs)		0.00	
ch as PACs)			0.00
		0.00	
al Contributions (add Lines		0.00	0.00
a)(iii), (b), and (c)) (Carry		00005.00	70400 54
als to Line 33, page 5)	7	62365.68	78402.51
s From Affiliated/Other			
ommittees		0.00	0.00
		0.00	0.00
s Received		0.00	0.00
epayments Received		0.00	0.00
To Operating Expenditures	,		
· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1	
otals to Line 37, page 5)		404.81	943.48
of Contributions Made	,	,	
		0.00	0.00
· · · · · · · · · · · · · · · · · · ·			
		0.00	0.00
	,	,	
m Schedule H3)	7	0.00	0.00
n Funds (from Schedule H5)		0.00	0.00
Transfers (add 18(a) and 18(b))		0.00	0.00
T SH TO II	epayments Received	epayments Received	ommittees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:	10.00. 11110 1 01100	Calcilual Teal-IU-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	392.18	656.89
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	392.18	656.89
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	93000.00	93000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(22.23.000.00)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	120.00	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(Such as FAGS)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	120.00	718.33
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
_	, , , , , , , , , , , , , , , , , , , ,	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	93512.18	94375.22
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	93512.18	94375.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62365.68	78402.51
4. Total Contribution Refunds (from Line 28(d))	120.00	718.33
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62245.68	77684.18
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	392.18	656.89
7. Offsets to Operating Expenditures (from Line 15, page 3)	404.81	943.48
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-12.63	-286.59

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Form/Schedule: F3XA

Transaction ID:

Amended to reflect changes in amended prior reports

Form/Schedule: Transaction ID:

	FOR LINE NUMBER:				PAGE		7	OF		49		
(check only one)												
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		13		14		15		16	,		17	

or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) James Douglas Aldstadt MD Mailing Address 4202 Southridge Ct Ste 300 City Englewood FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For:	State Zip Code OH 45322-2645 C Occupation Information Requested	Date of Receipt 02 22 2013 Transaction ID : C1976071 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Donald W Allen MD Mailing Address PO Box 865 830 East 1120 South City Coalville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84017-0865 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 02 08 2013 Transaction ID : C1922142 Amount of Each Receipt this Period 600.00
Full Name (Last, First, Middle Initial) Brian L Bachelder MD Mailing Address 5151 TR 126 City Mount Gilead FEC ID number of contributing federal political committee. Name of Employer Akron General Medical Center Receipt For: Primary General Other (specify)	State Zip Code OH 43338 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 02 21 2013 Transaction ID : C1975662 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional))	1215.00
TOTAL This Period (last page this line numb	per only)	

F	FOR LINE NUMBER:				PAGE		8	OF		49	
(check only one)											
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		13		14		15		16			17

	g the name and address of any political committee	
	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Gordon Hugh Baustian MD		Date of Receipt
Mailing Address 3864 Lost Valley Rd SE		02 08 2013
City	State Zip Code	Transaction ID : C1922235
Cedar Rapids	IA 52403-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MCHSI	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to Date 4	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Luis Manuel Benavides MD		Date of Receipt
Mailing Address 506 Gale St		02 04 2013
City	State Zip Code	Transaction ID : C1920485
Laredo	TX 78041-6003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	-
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Kenneth Robert Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks PI		02 01 2013
City	State Zip Code	Transaction ID : C1918870
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Mercy Health Partners	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	1365.00
TOTAL This Period (last page this line nun	nber only)	

	FOR LINE NUMBER:				PAGE	9	OF	49	
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or for commercial purposes, other than using	the flame and address of any political committee t	O SOIICH COMMIDATIONS HOM SUCH COMMITTEE.
NAME OF COMMITTEE (In Full)	, Dhysisiana Dalitical Astica Occurry	too
/ American Academy of Family ————————————————————————————————————	Physicians Political Action Commit	ee
Full Name (Last, First, Middle Initial) Wendy S Biggs MD		Date of Receipt
Mailing Address 11400 Tomahawk Creek F	Pkwy	02 23 2013
City	State Zip Code	Transaction ID : C1976110
Leawood	KS 66211-2680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
AAFP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to Date •	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Jennifer L Brull MD		Date of Receipt
Mailing Address PO Box 147		M = M / D = D / Y = Y = Y
3000 US HWY 183	7. 2.	02 15 2013
City	State Zip Code	Transaction ID : C1924447
Plainville	KS 67663-0147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Jeffrey J Cain MD		Data of Pagaint
Mailing Address 341 S High St		Date of Receipt
City	State Zip Code	02 11 2013
Denver	CO 80209-2629	Transaction ID : C1922351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
University of Colorado	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	2000.00
CODITION TO THE OF THE TAGE (OPHOHA)	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line numl	per only)	

SCHEDULE A (FEC Form 3X) ITEN

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MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(ch	eck onl 11a 13	уо	ne) 11b 14		11c		12 16		17
information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	for the	pur	pose o	f sc	oliciting	cor	ntributio	ons	

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey J Cain MD Date of Receipt Mailing Address 341 S High St 2013 15 City State Zip Code Transaction ID: C1924433 80209-2629 CO Denver Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation University of Colorado Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Domenic Wm Casablanca MD Date of Receipt Mailing Address 4 Corporate Dr Ste 195 02 2013 15 City State Zip Code Transaction ID: C1924428 Shelton CT 06484-6240 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Charles E Christianson MD		Date of Receipt
Mailing Address 3701 15th Ave S		02 08 2013
City	State Zip Code	Transaction ID : C1922157
Grand Forks	ND 58203-2817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of North Dakota	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1865.00

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or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Steven A Crawford MD Mailing Address 900 NE 10th St OU Physicians Family Me City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Receipt For: Primary General Other (specify)		Date of Receipt 02 03 2013 Transaction ID : C1920598 Amount of Each Receipt this Period 454.54
Full Name (Last, First, Middle Initial) Patricia A Czapp MD Mailing Address 102 Melvin Ave	•	Date of Receipt
City Annapolis FEC ID number of contributing federal political committee.	State Zip Code MD 21401-1221	02 21 2013 Transaction ID : C1975668 Amount of Each Receipt this Period 365.00
Name of Employer Anne Arundel Medical Center Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) R Wesley Dean Jr Mailing Address 201 E Emory Rd City Powell FEC ID number of contributing federal political committee. Name of Employer Summit Medical Group, PLLC Receipt For: Primary General Other (specify)	State Zip Code TN 37849-4016 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional	al)	1184.54
TOTAL This Period (last page this line num	<u>_</u>	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jason B Dees MD Date of Receipt Mailing Address 620 W Longview Dr 08 2013 City Zip Code State Transaction ID: C1922247 MS New Albany 38652-2415 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Chief Medical Director Magnolia Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel J Derksen MD Date of Receipt Mailing Address 306 Big Horn Ridge PI NE 02 20 2013 City State Zip Code Transaction ID: C1975538 NM Albuquerque 87122-1446 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of New Arizona Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gretchen M Dickson MD Date of Receipt Mailing Address 2227 N Stoneybrook Ct 02 15 2013 City Zip Code State Transaction ID: C1924445 KS Wichita 67226-3617 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Family Physician Univ. of Kansas School of Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF (check only one) X 11a 11b 11c

49 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Barbara J Doty MD Date of Receipt Mailing Address 2250 S Woodworth Loop Ste 100 2013 City State Zip Code Transaction ID: C1922296 ΑK Palmer 99645-7457 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Providence Matanuska Health care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Heidi Miller Duncan MD Date of Receipt Mailing Address 2711 Gregory Dr N 02 18 2013 City State Zip Code Transaction ID: C1924802 MT Billings 59102-0507 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Deaconess Billings Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 02 2013 02 City Zip Code State Transaction ID: C1920550 PΑ York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Family Physician Strategic Health Institute Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
igr > American Academy of Family Pl	nysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Patricia Fontaine MD		Date of Receipt
Mailing Address 1100 Angelo Dr		02 18 _ 2013 _
City	State Zip Code	Transaction ID : C1924805
Golden Valley	MN 55422-4708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Health Partners Research Foundation	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Patricia Fontaine MD		Date of Receipt
Mailing Address 1100 Angelo Dr		02 21 2013
City	State Zip Code	Transaction ID : C1975955
Golden Valley	MN 55422-4708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	265.00
Name of Employer Health Partners Research Foundation	Occupation	
	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Cuter (Speedily)	555.55	
Full Name (Last, First, Middle Initial) Corrine M Ganske MD		Date of Receipt
Mailing Address 840 E University Ave		02 22 2013 _
City	State Zip Code	Transaction ID : C1976069
Des Moines	IA 50316-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Iowa Health Des Moines	Residency Program Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	615.00
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daron W Gersch MD Date of Receipt Mailing Address 310 Golfview Dr 2013 20 City Zip Code State Transaction ID: C1975617 MN Albany 56307-9315 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Albany Area Hospital & Med. Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) B. Vito Grasso CAE Date of Receipt Mailing Address 260 Osborne Rd 02 20 2013 City State Zip Code Transaction ID: C1975530 NY Albany 12211-1844 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **NYSAFP Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bob Arvid Grubbs MD Date of Receipt Mailing Address 9817 Farmington Rd 02 01 2013 City State Zip Code Transaction ID: C1919548 AL Tuscaloosa 35405-9427 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation University Family Practice P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR	LINE	NU	MBER	:	PAGE	_ ′	16	OF	49
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Douglas J Gruenbacher MD		Date of Receipt
Mailing Address PO BOX 510 PO Box 510		02 04 2013
City	State Zip Code	Transaction ID : C1920491
Quinter	KS 67752-0510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Bluestem Medical, LLP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. David J Hagan MD		Date of Receipt
Mailing Address 410 Meadow Rue Dr		02 10 _2013 _
City	State Zip Code	Transaction ID : C1922339
Gibson City	IL 60936-1914	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Gibson City Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Mary Nolan Hall MD		Date of Receipt
Mailing Address PO BOX 32861		02 20 _2013 _
City	State Zip Code	Transaction ID : C1975529
Charlotte	NC 28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Carolina Healthcare System	Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 17 OF 49

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal parties and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family P	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Clare Arnot Hawkins MD Mailing Address 6121 Annapolis St		Date of Receipt
		02 21 2013
City	State Zip Code	Transaction ID : C1975663
Houston	TX 77005-3113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
San Jacinto Methodist Education Founda	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Douglas E Henley MD		Date of Receipt
Mailing Address 11400 Tomahawk Creek Pkwy	у	02 01 2013
City	State Zip Code	Transaction ID : C1920522
Leawood	KS 66211-2680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	
American Academy of Family Physicians	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) C. Thomas Lynn Hicks MD		Date of Receipt
Mailing Address 3258 N Monroe St		Date of Hecelpt M = M / D = D / Y = Y = Y = Y 02
City	State Zip Code	Transaction ID : C1924426
Tallahassee	FL 32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Patients First	Medical Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		3230.00
TOTAL This Period (last page this line number	only)	

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Mailing Address 10 Whittemore St City Arfington FEC ID number of contributing federal political committee. C Society Primary Other (specify) ▼ State City State FEC ID number of Contributing federal political committee. C C C C C C C C C C C C C	Full Name (Last, First, Middle Initial)	y Physicians Political Action Comm	
City State Zip Code MA 02474-6602 FEC ID number of contributing federal political committee. Name of Employer Boston Medical Center Primary General Other (specify) ▼	Thomas C Hines MD Mailing Address 10 Whittemore St		
Artington MA 02474-6602 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Boston Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt City Pender NE 68047-5021 FEC ID number of contributing federal political committee. Name of Employer Pender NE 68047-5021 FEC ID number of contributing federal political committee. Name of Employer Pender Medical Clinic Primary General Other (specify) ▼ State Zip Code NE 68047-5021 Amount of Each Receipt this Period Date of Receipt Transaction ID : C1924444 Amount of Each Receipt this Period Date of Receipt Soo.oc Transaction ID : C1924444 Amount of Each Receipt this Period Date of Receipt Date of Receipt Soo.oc Date of Receipt Date of Receip	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer Boston Medical Center Receipt For: Primary General Other (specify) ▼ 365.00 Pull Name (Last, First, Middle Initial) David J Hoelting MD Mailing Address 813 Lloyd St City State Zip Code NE 68047-5021 FEC ID number of contributing federal political committee. Name of Employer Pender Medical Clinic Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID : C1924444 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. C State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. C State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Physician Aggregate Year-to-Date ▼	•	•	
Boston Medical Center Receipt For: Primary General Aggregate Year-to-Date ▼		С	365.00
Receipt For: Primary	Name of Employer	Occupation	
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: C1924444 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Pender Medical Clinic Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: C1924444 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1924444 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1924444 Date of Receipt Transaction ID: C1924844 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: C1924804 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Coruerstone Family Practice Physician Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: C1924804 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Coruerstone Family Practice Physician Aggregate Year-to-Date ▼	Boston Medical Center	Physician	
Primary General Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) David J Hoelting MD Mailing Address 813 Lloyd St City State Zip Code NE 68047-5021 FEC ID number of contributing federal political committee. Name of Employer Pender Medical Clinic Physician Feceipt For: Primary General Other (specify) ▼ 500.00 Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City State Zip Code IA 52052-0370 City State Zip Code IA 52052-0370 FEC ID number of contributing federal political committee. C 360.00 Date of Receipt Transaction ID : C1924444 Amount of Each Receipt this Period Date of Receipt Transaction ID : C1924804 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00	Receipt For:	Aggregate Year-to-Date ▼	
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State Zip Code NE 68047-5021 FEC ID number of contributing federal political committee. Name of Employer Pender Medical Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 FILL Number of contributing federal political committee. C State Zip Code IA 500.00 Date of Receipt Transaction ID : C1924444 Amount of Each Receipt this Period Date of Receipt Transaction ID : C1924444 Amount of Each Receipt this Period Date of Receipt Transaction ID : C1924804 Amount of Each Receipt this Period Transaction ID : C1924804 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Mailing Address 813 Lloyd St		
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Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: C1924804 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General		14E 00U47-3UZ I	Amount of Each Receipt this Period
Pender Medical Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Date of Receipt Transaction ID : C1924804 Amount of Each Receipt this Period Soundary Ferminary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	•	C	500.00
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Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Primary General Aggregate Teal-10-Date ▼ 500.00 Date of Receipt Transaction ID : C1924804 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		Physician	
Tull Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO BOX 370 City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Date of Receipt Date of Receipt Transaction ID: C1924804 Amount of Each Receipt this Period 500.00		Aggregate Year-to-Date ▼	
Date of Receipt Mailing Address PO BOX 370 City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Date of Receipt M M M O D D 18 2013 Transaction ID : C1924804 Amount of Each Receipt this Period 500.0i		500.00	
Mailing Address PO BOX 370 City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General State Zip Code Transaction ID : C1924804 Amount of Each Receipt this Period 500.0 Aggregate Year-to-Date ▼			Date of Receipt
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federal political committee. Name of Employer Cornerstone Family Practice Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	Guttenberg	IA 52052-0370	Amount of Each Receipt this Period
Cornerstone Family Practice Physician Receipt For: Primary General Aggregate Year-to-Date ▼		C	500.00
Receipt For: Primary General Aggregate Year-to-Date ▼	Name of Employer	Occupation	_
Receipt For: Aggregate Year-to-Date ▼ Primary General	Cornerstone Family Practice	Physician	
Primary General		Aggregate Year-to-Date ▼	
Other (specify) ▼ 500.00			
	Other (specify)	500.00	

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NAME OF COMMITTEE (In Full)	Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Richard W Honke MD Mailing Address 401 W Glynn Dr City Parkston FEC ID number of contributing federal political committee. Name of Employer Avera St Benedict CRHC Receipt For: Primary General Other (specify)	State Zip Code SD 57366-9605 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Samuel M Jones MD Mailing Address 10145 Community Ln City Fairfax Station FEC ID number of contributing federal political committee. Name of Employer VCU-Fairfax Family Practice Center Receipt For: Primary General Other (specify)	State Zip Code VA 22039-2530 C Occupation Family Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 02 08 2013 Transaction ID : C1922187 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Rick Kellerman Md Kellerman M Mailing Address 521 N Armour St City Wichita FEC ID number of contributing federal political committee. Name of Employer Kansas University School of Medicine-W Receipt For: Primary General Other (specify)	State Zip Code KS 67206-1513 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 08 2013 Transaction ID : C1922189 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	>	1765.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full)				
American Academy of Family	y Physicians Political Action Commit	ttee		
Full Name (Last, First, Middle Initial) A. Bradon Y Kimura MD		Date of Receipt		
Mailing Address 81-937 Halekii St PO Box 497		02 20 2013		
City	State Zip Code	Transaction ID : C1975616		
Kealakekua	HI 96750-8182	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	550.00		
Name of Employer	Occupation	1		
Self	Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	00 0			
Other (specify) ▼	550.00			
Full Name (Last, First, Middle Initial) Susan Karen Kinast-Porter MD		Date of Receipt		
Mailing Address 2302 11th St	02 01 2013			
City	State Zip Code	Transaction ID : C1918855		
Monroe	WI 53566-1811	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer	Occupation	1		
Mercy Health System	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial) James Darrel King MD		Date of Receipt		
Mailing Address 270 E Court Ave		Date of Receipt		
Ste B City	State Zip Code	02 01 2013		
Selmer	TN 38375-2304	Transaction ID : C1918872		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer	Occupation			
Primecare Medical Center				
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	Aggregate real-to-Date V			
Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (optiona	ıl)	1300.00		
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TOTAL This Period (last page this line num	nber only)			

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Deborah Ann Kullerd MD Date of Receipt Mailing Address 21855 Ingileif Ln # 154 01 2013 City State Zip Code Transaction ID: C1919541 SD Nemo 57759-7641 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kaparaboyna Ashok Kumar MD Date of Receipt Mailing Address 18718 Needle Rock 02 21 2013 City State Zip Code Transaction ID: C1975672 TX San Antonio 78258-4638 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation UT Health Science Center @SA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lucius Marion Lampton MD Date of Receipt Mailing Address 111 Magnolia St 02 15 2013 City Zip Code State Transaction ID: C2294045 MS Magnolia 39652-2825 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Magnolia Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial) Paul Alan Lazar MD		Date of Receipt
Mailing Address G3230 Beecher Rd Ste 1	Ohaka Zin Onda	02 15 2013
City Flint	State Zip Code MI 48532-3604	Transaction ID : C1924436
FEC ID number of contributing federal political committee.	C 46332-3604	Amount of Each Receipt this Period 370.00
Name of Employer	Occupation	
McLaren	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Robert A Lee MD	•	Date of Receipt
Mailing Address 9116 Hammontree Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	02 01 2013
Urbandale	IA 50322-7427	Transaction ID : C1919561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	
Lee and Ruisch	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial)	•	
Robyn A Liu MD		Date of Receipt
Mailing Address 1604 SE Stark St	State Zip Code	02 04 2013
City Portland	State Zip Code OR 97214-1459	Transaction ID : C1920505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Oregon Health & Science University	Assistant Professor, Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Rodney D Logan MD Mailing Address 6281 Chamberlain Rd		Date of Receipt
		02 08 2013
City	State Zip Code	Transaction ID : C1922191
Silver Springs	NY 14530-1342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	-
Letchworth Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) Michael L Madden MD		Date of Receipt
Mailing Address 4907 Windermere Blvd		02 08 _ 2013 _
City	State Zip Code	Transaction ID : C1922192
Alexandria	LA 71303-2459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	-
L.S. U. HSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Elizabeth R McClard MD	•	Date of Receipt
Mailing Address 346 Madison St		02 22 2013
City	State Zip Code CO 80206-4437	Transaction ID : C1976064
Denver	CO 80206-4437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1020.00
TOTAL This Period (last page this line number	er only)	

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Full Name (Last, First, Middle Initial) Terry Lee Mills MD Mailing Address 720 Medical Center Dr City Newton FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KS 67114-8778	Date of Receipt Date of Receipt 02 09 2013
City Newton FEC ID number of contributing federal political committee.	·	
Newton FEC ID number of contributing federal political committee.	·	
FEC ID number of contributing federal political committee.	0/114-0//0	Transaction ID : C1922281
Name of Employer	C	Amount of Each Receipt this Period 500.00
Via Christi Clinic	Occupation Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt
Mailing Address 1708 S Martin St	02 24 2012	
City Spokane	State Zip Code WA 99203-3751	7
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
self	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Charles E Nelson MD		Date of Receipt
Mailing Address N4781 Julie Ann Dr 1910 Alabama St		02 04 2013
City Spooner	State Zip Code WI 54801-8645	Transaction ID : C1920512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	+
Self	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1115.00

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(check only							
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Any information copied from such Reports r for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Fam	ily Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) R W Nicholson MD Mailing Address 801 Cobblestone Dr		Date of Receipt
		02 08 2013
City	State Zip Code	Transaction ID : C1922154
Evansville	IN 47715-4288	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Vanderburgh County Health Dept.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Sarah Catherine Nosal MD		Date of Receipt
Mailing Address 40 E 9th St		02 21 2013
City	State Zip Code	Transaction ID : C1975661
New York	NY 10003-6421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Institute for Family Health	Physician	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) David T O'Gurek MD		Date of Receipt
Mailing Address 440 W Iron St		02 21 2013
City	State Zip Code PA 18250-1014	Transaction ID: C1975671
Summit Hill	PA 18250-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Lancaster General	Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00
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OTAL This Period (last page this line nu	mber only)	1

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	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
` '	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) Cheri L Olson MD		Date of Receipt
Mailing Address 815 10th St S		02 01 _ 2013 _
City	State Zip Code	Transaction ID : C1919540
La Crosse	WI 54601-4764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	740.00
Name of Employer	Occupation	
Mayo Clinic Health System	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	740.00	
Full Name (Last, First, Middle Initial) 3. Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		02 10 2013
City	State Zip Code	Transaction ID : C1977980
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	
UNIVERSITY OF ILLINOIS COLLEGE OF	PHYSICIAN	
MEDI Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Brian Robert Penti MD		Date of Receipt
Mailing Address 309 Allston St Apt 6		02 20 2013 _
City	State Zip Code	Transaction ID : C1975613
Brighton	MA 02135-7629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Boston Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1165.00
TOTAL This Period (last page this line number	only)	

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	name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family P	hysicians Political Action Committe	
Full Name (Last, First, Middle Initial) A. Bryan Anthony Picou MD		Date of Receipt
Mailing Address 1029 Keyser Ave Ste G # A		02 08 2013
City	State Zip Code	Transaction ID : C1922201
Natchitoches	LA 71457-6215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	
Natchitoches Medical Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) Marguerite B Picou MD		Date of Receipt
Mailing Address 1029 Keyser Ave		M = M / D = D / Y = Y = Y
Ste G	Otal:	02 08 2013
City	State Zip Code	Transaction ID : C1922203
Natchitoches	LA 71457-6215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	370.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) Marc D Price Price		Date of Receipt
Mailing Address 2388 Route 9 Ste 200		02 20 2013
City	State Zip Code	Transaction ID : C1975532
Mechanicville	NY 12118-3433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		1140.00
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TOTAL This Period (last page this line number	only)	

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Detailed Summary Page	X 11a	11b

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	(check only one)									
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) William E Raduege MD Mailing Address PO Box 553		Date of Receipt
		02 01 2013
City	State Zip Code	Transaction ID : C1919542
Woodruff	WI 54568-0553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
William E Raduege, MD, SC (Corporation	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Janice Eileen Ragland MD		Date of Receipt
Mailing Address 13011 Monroe Manor Dr		02 08 2013
City	State Zip Code	Transaction ID : C1922227
Herndon	VA 20171-2909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Herdon Family Medicine	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 864 Kleekamp Ln		02 08 2013
City	State Zip Code MO 63090-5560	Transaction ID : C1922207
Washington	MO 63090-5560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	1
Patients First Health Care	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1370.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Action Comm	ittee
Columbus FEC ID number of contributing federal political committee. Name of Employer Rau Family Medicine Receipt For: Primary Other (specify)	cupation vsician gregate Year-to-Date ▼ 370.00	Date of Receipt O2 22 2013 Transaction ID : C1976058 Amount of Each Receipt this Period 370.00
Los Angeles FEC ID number of contributing federal political committee. Name of Employer KSAM Phy Receipt For:	Cupation gregate Year-to-Date ▼ 365.00	Date of Receipt O2 21 2013 Transaction ID : C1975957 Amount of Each Receipt this Period 365.00
Wyoming FEC ID number of contributing federal political committee. Name of Employer St Mary's/Advantage Health Medical Gro Physical Section 19	State Zip Code WII 49418-9302 Cupation vsician gregate Year-to-Date ▼ 365.00	Date of Receipt 02 08 2013 Transaction ID : C1922248 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	>	1100.00

FOR LINE NUMBER:						PAGE		30 O	F	49
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Family	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Stephen D Richards DO		Date of Receipt
Mailing Address 404 E Kennedy St		02 08 2013
City	State Zip Code	Transaction ID : C1922242
Algona	IA 50511-3448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	†
N. Iowa Health System/SELF	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		M = M / D = D / Y = Y = Y
City	Stata Zin Cada	02 10 2013
City	State Zip Code	Transaction ID : C1924800
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Wright State University BSM	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial)		
Shirley Uhl Salvatore MD		Date of Receipt
Mailing Address 10 Hastings Ct		02 08 2013
City	State Zip Code	Transaction ID : C1922228
Pueblo	CO 81001-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	†
Centura Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1850.00
TOTAL This Period (last page this line num	nber only)	

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	(check only one)										
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Madalyn Schaefgen MD Mailing Address 1025 Newgate Dr City Allentown FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Physician Group Receipt For: Primary General Other (specify)	State Zip Code PA 18103-9263 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Alan I Schwartzstein MD Mailing Address 929 Harding St City Oregon FEC ID number of contributing federal political committee. Name of Employer Dean Health System Receipt For: Primary General Other (specify)	State Zip Code WI 53575-2881 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Patricia Ann Sereno MD Mailing Address 10 Morgan Ave City Stoneham FEC ID number of contributing federal political committee. Name of Employer Hallmark Health Receipt For: Primary General Other (specify)	State Zip Code MA 02180-3417 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1230.00

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.			
/	ly Physicians Political Action Comm	ittee			
Full Name (Last, First, Middle Initial) George Wm Shannon MD					
Mailing Address 2301 Slate Dr		02 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : C1919556			
Columbus	GA 31906-1443	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	900.00			
Name of Employer	Occupation	-			
Horizons Diagnostics	Family Physician				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General	. iggiogate Total to Bute V				
Other (specify) ▼	900.00				
Full Name (Last, First, Middle Initial) 3. Gil Solomon MD		Date of Receipt			
Mailing Address 24508 Indian Hill Ln		02 01 2013			
City	State Zip Code	Transaction ID : C1919550			
West Hills	Nest Hills CA 91307-3832				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 500.00			
Name of Employer	-				
Anthem Blue Cross	Physician				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Daniel R Spogen MD	1	Date of Receipt			
Mailing Address Brigham Building MS 31	6	02 09 2013 _			
City	State Zip Code	Transaction ID : C1922284			
Reno	NV 89557-0046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer	Occupation				
University of Nevada	Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.00				
SUBTOTAL of Receipts This Page (option	al) >	2400.00			
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TOTAL This Period (last page this line nur	mber only)	1			

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American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Gregory J Steinmetz MD Mailing Address 150 Bluff Ave City Cranston FEC ID number of contributing federal political committee. Name of Employer APCM Receipt For: Primary General Other (specify)	State Zip Code RI 02905-3727 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 08 2013 Transaction ID : C1922214 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Kenton I Voorhees MD Mailing Address 7953 S Franklin Ct City Centennial FEC ID number of contributing federal political committee. Name of Employer University of Colorado School of Medic Receipt For: Primary General Other (specify)	State Zip Code CO 80122-3255 C Occupation Physician Aggregate Year-to-Date ▼ 370.00	Date of Receipt 02 01 2013 Transaction ID : C1918857 Amount of Each Receipt this Period 370.00
Full Name (Last, First, Middle Initial) Robert L Wergin MD Mailing Address 10500 W A St City Lincoln FEC ID number of contributing federal political committee. Name of Employer Memorial Health Care Systems Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NE 68532-9183 C Occupation Physicians Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 08 2013 Transaction ID : C1922267 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1670.00

FOR LI	NE NUMBER	: PAGE	34 OF	49	
(check only one)					
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NAME OF COMMITTEE (In Full)	ly Physicians Political Action Committee	
American Academy of Fami Full Name (Last, First, Middle Initial) Randell K Wexler MD Mailing Address 6040 Haybury Dr City New Albany FEC ID number of contributing federal political committee. Name of Employer Ohio State University Receipt For: Primary General Other (specify)	State Zip Code OH 43054-8691 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 59 Tipton Dr		Date of Receipt 02 05 2013
City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Chestatee Regional Hospital	State Zip Code GA 30533-1603 C Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jason Wickersham MD Mailing Address 401 W Glynn Dr City Parkston FEC ID number of contributing federal political committee.	State Zip Code SD 57366-9605	Date of Receipt 02 01 2013 Transaction ID : C1920524 Amount of Each Receipt this Period 365.00
Name of Employer Avera St Benedict Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	1115.00
TOTAL This Period (last page this line nu	mber only)	

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	(check only one)								
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	ree
Full Name (Last, First, Middle Initial) Julie Kristin Wood MD Mailing Address 5305 NE Rainbow Cir City Lees Summit FEC ID number of contributing federal political committee. Name of Employer American Academy of Family Physicians Receipt For: Primary General Other (specify)	State Zip Code MO 64064-2450 C Occupation VP Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 04 2013 Transaction ID: C1920622 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) David P Wright MD Mailing Address 1313 Red River St Ste 100 City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 78701-1923 C Occupation Physician Aggregate Year-to-Date ▼ 370.00	Date of Receipt 02 08 2013 Transaction ID : C1922217 Amount of Each Receipt this Period 370.00
Full Name (Last, First, Middle Initial) Herbert Foreman Young MD Mailing Address 10313 Cherokee Ln City Leawood FEC ID number of contributing federal political committee. Name of Employer AAFP Receipt For: Primary General Other (specify)	State Zip Code KS 66206-2510 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 02 08 2013 Transaction ID: C1922015 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1235.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	g the name and address of any political committee to		
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	tee	
Full Name (Last, First, Middle Initial) Paul Victor Zimmer MD Mailing Address 2000 Ridge Cir		Date of Receipt 02 18 2013	
City Kodiak FEC ID number of contributing federal political committee. Name of Employer Kodiak Community Health Center Receipt For: Primary General Other (specify)	State Zip Code AK 99615-7234 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : C1924803 Amount of Each Receipt this Period 250.00	
Full Name (Last, First, Middle Initial) Mailing Address	Date of Receipt		
City State Zip Code FEC ID number of contributing federal political committee		Amount of Each Receipt this Period	
Receipt For:	Occupation		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Mailing Address	Date of Receipt		
FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional	ıl) >	250.00	
TOTAL This Period (last page this line num	nber only)	43719.54	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 49 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians	s Political Action Comm	nittee
Full Name (Last, First, Middle Initial) A. American Academy of Family Physic Mailing Address 11400 Tomahawk Creek Pky City Leawood FEC ID number of contributing federal political committee. Name of Employer		Zip Code 66211-2672	Date of Receipt 02 06 2013 Transaction ID : C1920788 Amount of Each Receipt this Period 264.71
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 803.38	
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
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			Summary Page		×		22		23		24	25		26
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\setminus	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians P	Political Acti	on (Com	mitt	ee							
_	Full Name (Last, First, Middle Initial)													
Α.	American Express						Date	of Di	sburse			Y	Υ	
	Mailing Address PO Box 53852						02	_	Ō	4	L	2013	_	
	City	State	Zip Code				Tran	eact	ion ID	· D′	140419			
	Phoenix	AZ	85072-3852				IIai	Saci	טוו ווטו		140413			
	Purpose of Disbursement Bank card processing fee			Г			Amou	nt of	Each	Dist	ourseme	ent this	Perio	od
	Candidate Name				ategor Type	y/		I	40	_	-1	3	2.50	
	Office Sought: House Disbursen	nent For:									,			
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
B	Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mor	nt.			
υ.	American Express						Date	יום וט				Y	V	
	Mailing Address PO Box 53852						02	VI /		5		2013	Y	
		State	Zip Code				Trar	sact	ion ID	: D	140420			
	Phoenix Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee			Г		П	Amou	nt of	Each	Dist	ourseme	nt this	Perio	bc
	Candidate Name				ategor Type	y/		Ξ	,	Ξ	7	2	9.25	
	Office Sought: House Disbursen	nent For:	l											
		Primary	General											
	State: President District:	Other (spec	cify) 🔻											
	Full Name (Last, First, Middle Initial)													
C.	American Express						Date	of Di	sburse	mer	nt			
	Moiling Address DO Day 52052						M 02	_	0	_		2013	Υ	
	Mailing Address PO Box 53852						UZ		Ū			2013	-	
	City	State	Zip Code				Tran	sact	ion ID	- D	140421			
		AZ	85072-3852				IIai	isaci	טו ווטו.	. 0	140421			
	Purpose of Disbursement bank card processing fee				-									
	Candidate Name			Ca	ategor	v/	Amou	nt of	Each	Disk	ourseme		_	od
					Type	,			7		7	1	8.02	
	Office Sought: House Disbursen													
		Primary	General											
		Other (spec	city) 🔻											
	State: District:									_				
8	UBTOTAL of Disbursements This Page (optional)					•			,	_	7	79	9.77	
Т	OTAL This Period (last page this line number only)					•			1					

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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 39 OF 49
ITEMIZED DISBURSEMENTS				
	Detailed Summary Page		22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or u	used by any pers	son for the purpose of	soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any pon	iicai committee ti	o solicit continuutions i	TOTT SUCT COMMITTEE.
American Academy of Family Phy	sicians Political Act	ion Commit	tee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disbursem	
Mailing Address PO Box 53852			02 12	2013
City	State Zip Code		Transaction ID :	D140550
Phoenix	AZ 85072-3852		Transaction ib .	D140339
Purpose of Disbursement Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		182.00
Office Sought: House Disburs	ement For:	71		,
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursem	nent
B. American Express			M M / D D	
Mailing Address PO Box 53852			02 13	2013
City	State Zip Code		Transaction ID :	D140560
Phoenix Purpose of Disbursement	AZ 85072-3852	1	-	
Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Category/		
		Type	, ,	16.25
	ement For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. American Express			Date of Disbursem	nent
			M M / D D	
Mailing Address PO Box 53852			02 14	2013
City	State Zip Code		Transation ID	D4.40FC4
Phoenix	AZ 85072-3852		Transaction ID :	D140361
Purpose of Disbursement Bank card processing fee				
Candidate Name			Amount of Each D	isbursement this Period
Canadate Hame		Category/ Type		19.18
Office Sought: House Disburs	ement For:	1 71. 2		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				217.43
TOTAL This Period (last page this line number onl	y)			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 40 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check onl	y one)	
	Detailed Summary Page	X 21b		23 24 25 26
		27	28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	sicians Political Acti	on Commit	tee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of D	isbursement
Mailing Address PO Box 53852			02	22 2013
City	State Zip Code		Transac	tion ID : D144317
Phoenix	AZ 85072-3852	I		
Purpose of Disbursement Bank card processing fee			Amount o	f Each Disbursement this Period
Candidate Name		Category/ Type		4.88
Office Sought: House Disburse	ment For:			
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of D	isbursement
American Express			M M	/ D D / Y Y Y Y
Mailing Address PO Box 53852			02	25 2013
City Phoenix	State Zip Code AZ 85072-3852		Transac	tion ID : D144318
Purpose of Disbursement Bank card processing fee	00072 0002			f Facili Diskuman and this Davied
Candidate Name			Amount o	f Each Disbursement this Period
		Category/ Type		72.48
	ment For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			D . (D	
C. American Express			Date of D	isbursement
Mailing Address PO Box 53852			02	27 2013
City	State Zip Code		Transac	tion ID : D144319
Phoenix	AZ 85072-3852		ITAIISAU	
Purpose of Disbursement Bank card processing fee				
Candidate Name			Amount o	f Each Disbursement this Period
Candidate Name		Category/ Type		17.62
Office Sought: House Disburse	ment For:	1,750		
Senate	Primary General			
President	Other (specify) ▼			
State: District:	· 			
SUBTOTAL of Disbursements This Page (optional).				94.98
- 12 13 112 01 2.022.00.110110 1 ago (optional).			-	
TOTAL This Period (last page this line number only	′)			392.18

SCHEDULE B (FEC Form 3X)			FOR 11	NE NUME	BER:		I	PAGE 4	41 O	F 49
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check	only one)		X 23 28b	24		25 29	20
Any information copied from such Reports and States or for commercial purposes, other than using the nar			sed by any p	person for	the p	urpose	of solici	ting con	ıtributi	ons
NAME OF COMMITTEE (In Full) American Academy of Family Phys										
Full Name (Last, First, Middle Initial) A. DONNA CHRISTENSEN CAMPAI	GN				te of	Disburs	ement	YYY	Y	
Mailing Address PO Box 5197					02	L	12	_20	13	4
St. Croix	State VI	Zip Code 00823		т	ransa	ction II) : D140	483		
Purpose of Disbursement Campaign contribution			T::	Am	ount	of Each	Disbur	sement	this P	eriod
Candidate Name Del. Donna M.C. Christensen			Category/ Type			- 5			5000.	00
Office Sought: House Disburser Senate President	ment For: 2 Primary Other (spec	X General								
State: VI District: 00 Full Name (Last, First, Middle Initial)										
3. Democratic Congressional Campa	ign Com	mittee			te of	Disburs	ement	V	Y	
Mailing Address 430 S Capitol St SE Fl 2					02		12	20		
Washington	State DC	Zip Code 20003-4024		т	ransa	ction II	D : D140	484		
Purpose of Disbursement Campaign contribution				Am	ount	of Each	Disbur	sement	this P	eriod
Candidate Name			Category/ Type			7		1	5000.	00
Office Sought: House Senate President State: Disburser	ment For: Primary Other (spec	General cify) ▼								
Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIA	J (FRIC	PAC)		Da	te of	Disburs	ement			
Mailing Address 25 East Main Street, Suite 200				M	02		12	20		
,	State	Zip Code		Т	ransa	ction II	D : D140	486		
Richmond Purpose of Disbursement Campaign contribution	VA	23219		7						
Candidate Name			Category/		ount	of Each	Disbur		this Po	
Rep. Eric Cantor Office Sought: House Senate President President	ment For: Primary Other (spec	General	Type		_	7			2000.	
State: VA District: 07					_	_				_
SUBTOTAL of Disbursements This Page (optional)						7		2	2500.0	00
TOTAL This Period (last page this line number only)					4				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER:	PAGE 42 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Deposits and Chates	nonte may not be cold or			
Any information copied from such Reports and Stater or for commercial purposes, other than using the name of the commercial purposes.				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	sicians Political Actio	n Committe	ee	
Full Name (Last, First, Middle Initial)			Date of Disbursemer	
A. GLACIER PAC			Date of Disbursemen	/ Y Y Y Y Y
Mailing Address 236 Massachusetts Avenue NE			02 12	2013
Suite 603	01-1-			
City Washington	State Zip Code DC 20002		Transaction ID : D1	40493
Purpose of Disbursement				
Campaign contribution			Amount of Each Disk	oursement this Period
Candidate Name		Category/		2500.00
Office Sought: House Disburser	ment For:	Туре		2000.00
Senate Dispulser	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			D . (5):	
B. Healthcare Freedom Fund			Date of Disbursemer	
Mailing Address PO Box 2485			02 / 27	2013
City Springfield	State Zip Code VA 22152-0485		Transaction ID : D'	143462
Purpose of Disbursement Campaign contribution			Amount of Each Disk	oursement this Period
Candidate Name		Category/ Type		2500.00
	ment For: 2014			
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. National Republican Congressiona	I Committee		Date of Disbursemer	nt
			M M / D D	7 7 7 7 7 7 7
Mailing Address 320 1st St SE			02 12	2013
City	State Zip Code		Transaction ID : D1	140480
Washington	DC 20003-1838		Transaction ID : D1	140409
Purpose of Disbursement Campaign contribution		· · ·		
Candidate Name		0.1	Amount of Each Disk	oursement this Period
		Category/ Type		15000.00
Office Sought: House Disburser	ment For:			
Senate	Primary General			
State: District:	Other (specify) ▼			
วเลเซ. ผารแหน				
SUBTOTAL of Disbursements This Page (optional)				20000.00
TOTAL This Period (last page this line number only)				7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 43 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or use		
or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Academy of Family Ph	ysicians Political Actio	on Committ	ee
Full Name (Last, First, Middle Initial)	LITIOAL ACTION CON	4	Data of Dishuranment
A. NEW DEMOCRAT COALITION PC	LITICAL ACTION COM	IIVII I EE	Date of Disbursement
Mailing Address 607 14th St NW			02 12 2013
Ste 800	_		
City	State Zip Code DC 20005-2005		Transaction ID : D140488
Washington Purpose of Disbursement	DC 20005-2005		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. BERA FOR CONGRESS			Date of Disbursement
 			M = M / D = D / Y = Y = Y
Mailing Address POST OFFICE BOX 582496			02 12 2013
City ELK GROVE	State Zip Code CA 95758		Transaction ID : D140495
Purpose of Disbursement	On 90/00		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Ami Bera		Type	3000.00
	sement For: 2014 Primary General		
President	Other (specify)		
State: CA District: 07			
Full Name (Last, First, Middle Initial)			
C. ANDY HARRIS FOR CONGRES	S		Date of Disbursement
Mailing Adduser DOD 175			M M / D D / Y Y Y Y
Mailing Address PO Box 1527			02 27 2013
City	State Zip Code		Transaction ID - D440404
Annapolis	MD 21404		Transaction ID : D143461
Purpose of Disbursement Campaign contribution			
Candidate Name		السيا	Amount of Each Disbursement this Period
VALUATE DALLE		Category/	1000.00
		Type	
Rep. Andy Harris	sement For: 2014	Туре	
Rep. Andy Harris	sement For: 2014 Primary General	Туре	
Rep. Andy Harris Office Sought: House Senate President Disburs		Туре	
Rep. Andy Harris Office Sought: House Senate Disburs	Primary General	Туре	
Rep. Andy Harris Office Sought: Senate President State: MD District: 01	Primary General Other (specify) ▼		11000 00
Rep. Andy Harris Office Sought: House Senate President Disburs	Primary General Other (specify) ▼		11000.00
Rep. Andy Harris Office Sought: House Senate President State: MD District: 01	Primary General Other (specify) ▼	·····•	11000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 44 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Denorte and Chat-	monte may not be cold as		
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Actio	n Committ	ee
Full Name (Last, First, Middle Initial)			Data of Diaburcament
A. DAVE CAMP FOR CONGRESS			Date of Disbursement
Mailing Address 20 F St NW			02 27 2013
Ste 500	01-1-		
City Washington	State Zip Code DC 20001-6703		Transaction ID : D143465
Purpose of Disbursement	20001-0703		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Dave Camp		Type	2500.00
	ment For: 2014		
Senate President	Primary General Other (specify) ▼		
State: MI District: 04	Carior (opoonly)		
Full Name (Last, First, Middle Initial)			
B. PERLMUTTER FOR CONGRESS	3		Date of Disbursement
Mailing Addross 2440 Vountiald Chart			02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3440 Youngfield Street			02 27 2013
City	State Zip Code CO 80033		Transaction ID : D143480
Wheat Ridge Purpose of Disbursement	CO 80033		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Ed Perlmutter		Туре	2500.00
	ment For: 2014		
Senate President	Primary General Other (specify) ▼		
State: CO District: 07	Canon (openiny)		
Full Name (Last, First, Middle Initial)			
C. CANTOR FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 17813			02 12 2013
City	State Zip Code		Transaction ID D446465
Richmond	VA 23226		Transaction ID : D140485
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Eric Cantor		Category/ Type	2500.00
•	ement For: 2014	. , , , ,	7
Senate	Primary General		
President	Other (specify) ▼		
State: VA District: 07	-		
			7500.00
SUBTOTAL of Disbursements This Page (optional).		·····•	7500.00
TOTAL This Period (last page this line number only	·		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 45 OF	49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 20 20 20 20 20 20 20 20 20 20 20 20 20	26 20h
Г		27	28a 28b 28c 29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phy	sicians Political Actio	on Committe	ee 	
Full Name (Last, First, Middle Initial)			Data of Disharanana	
A. PALLONE FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 3176			02 27 2013	
City	State Zip Code		Tananasiian ID D440404	
Long Branch	NJ 07740		Transaction ID : D143464	
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Per	riod
Candidate Name		Category/	5000.0	0
Rep. Frank Pallone Jr.	_	Туре	3000.00	0
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼			
State: NJ District: 06	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)				
B. UPTON FOR ALL OF US			Date of Disbursement	
Mailing Address 104 Hume Ave			02 27 2013	
City Alexandria	State Zip Code VA 22301-1015		Transaction ID : D143463	
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Per	riod
Candidate Name		Category/	2500.0	0
Rep. Fred Upton		Type	2000.0	
	ment For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. BILIRAKIS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 606			02 27 2013	
City TARPON SPRINGS	State Zip Code FL 34688		Transaction ID : D143466	
Purpose of Disbursement	7.2 54000			
Campaign contribution			Amount of Each Disbursement this Pe	riod
Candidate Name		Category/	4000 0	0
Rep. Gus Bilirakis		Type	1000.00	0
Senate President	ment For: 2014 Primary General Other (specify)			
State: FL District: 12				
SUBTOTAL of Disbursements This Page (optional).		·····•	8500.00	0
TOTAL This Period (last page this line number only)		7	

SCHEDULE B (FEC Form 3X)			FOR LINE			PAGE	46 OI	= 49
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(orlean orling		S 200		٦	
		Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	30
Any information copied from such Reports and State								
or for commercial purposes, other than using the nar	me and ad	aress of any politi	cal committee to	solicit coi	ntributions	rom such o	committe	е.
NAME OF COMMITTEE (In Full)	-1-1	Dalitiaal Ast	C'''					
American Academy of Family Phys	sicians	Political Acti	on Committ	ee				
Full Name (Last, First, Middle Initial)				F :	Dist			
A. FRIENDS OF JIM CLYBURN				Date of	Disbursen		Y Y Y	/
Mailing Address PO BOX 12567				02	12		2013	
•	State	Zip Code		Trans	action ID :	D140494		
COLUMBIA Purpose of Disbursement	SC	29211		ITAIIS	action ib .	D140434		
Campaign contribution				Amount	of Each D	Disbursemer	nt this Pe	eriod
Candidate Name			Category/				F000 (20
Rep. James E. Clyburn			Type		-		5000.0	JU
	ment For:							
Senate President	Primary Other (sp	General						
State: SC District: 06	outer (sp	oony) ▼						
Full Name (Last, First, Middle Initial)								
B. FRIENDS OF JOE HECK				Date of	Disbursen	nent		
				M = M	/ D D	/ Y	YYY	
Mailing Address PO Box 750114				02	12		2013	_
•	State NV	Zip Code		Trans	action ID :	D140491		
Las Vegas Purpose of Disbursement	INV	89136						
Campaign contribution				Amount	of Each D	Disbursemer	nt this Pe	eriod
Candidate Name			Category/				0500	20
Rep. Joe Heck			Type		-		2500.	00
	ment For:							
Senate President	Primary	General						
State: NV District: 03	Other (sp	ecity) 🔻						
Full Name (Last, First, Middle Initial)								
C. BRADY FOR CONGRESS				Date of	Disbursen	nent		
				M = M	/ D 0		YYY	
Mailing Address P.O. BOX 8277				02	12		2013	_
City	State	Zip Code		T		D4 40 400		
THE WOODLANDS	TX	77387		frans	action ID :	140490		
Purpose of Disbursement Campaign contribution								
Candidate Name				Amount	of Each D	Disbursemer	nt this Pe	eriod
Rep. Kevin Brady			Category/				2500.0	00
•	ment For:	2014	Туре		7	7		-
Senate Stagning	Primary	General						
President	Other (sp							
State: TX District: 08								
			'					
SUBTOTAL of Disbursements This Page (optional)			·····		7		10000.0	00
TOTAL This Period (last page this line number only)			1 .	1 (0) 1	1 (0) 1	1 (6)	

SCHEDULE B (FEC Form 3X)	l	FOR LINE I	NUMBER: PAGE 47 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. MICHAEL BURGESS FOR CONG	RESS		Date of Disbursement
Mailing Address PO Box 2334			02 12 2013
City	State Zip Code		
Denton	TX 76202		Transaction ID : D140496
Purpose of Disbursement Campaign contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Michael C. Burgess		Type	2500.00
	nent For: 2014 Primary General Other (specify)		
State: TX District: 26	(-p 7)		
Full Name (Last, First, Middle Initial)			
B. RODNEY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 344			02 12 2013
TAYLORVILLE	State Zip Code IL 62568		Transaction ID : D140482
Purpose of Disbursement Campain contribution to retire 2012 general election	n debt		Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Rodney Davis		Туре	2500.00
	nent For: 2012		
Senate President	Primary General		
State: IL District: 13	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			D. (D.)
C. FRIENDS OF MAX BAUCUS			Date of Disbursement
Mailing Address PO BOX 586			02 12 2013
City	State Zip Code		T .: ID D440400
HELENA	MT 59624		Transaction ID: D140492
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Max Baucus		Type	2500.00
Office Sought: House Senate President Disburser	nent For: 2014 Primary		
State: MT District: 00			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			7500.00

SCHEDULE B (FEC Form 3X)	FOR	R LINE NUMBER: PAGE 48 OF 49
ITEMIZED DISBURSEMENTS	l llaa aanarata aabadula(a)	eck only one) 21b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Action Co	mmittee
Full Name (Last, First, Middle Initial) A. ENZI FOR US SENATE		Date of Disbursement
Mailing Address PO BOX 2775		02 27 2013
CODY	State Zip Code WY 82414	Transaction ID : D143467
Purpose of Disbursement Campaign contribution Candidate Name		Amount of Each Disbursement this Period
Sen. Michael B. Enzi	Categ Typ nent For: 2014	
	Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. TUESDAY GROUP POLITICAL AC Mailing Address PO Box 11586	CTION COMMITTEE	Date of Disbursement 02 12 2013
Washington	State Zip Code DC 20008-0786	Transaction ID : D140487
Purpose of Disbursement Campaign contribution Candidate Name		Amount of Each Disbursement this Period
Office Sought: House Disburser	Categ Typ nent For:	
	Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
•	State Zip Code	
Purpose of Disbursement Candidate Name	Categ	
J.C. Diotriot.		
SUBTOTAL of Disbursements This Page (optional)		6000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 49 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 27	22 23 28b 28b	24 25 26 28c 29 30b
Any information copied from such Departs and Chater	aonto mov not be cald as			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	icians Political Actio	n Committe	ee 	
Full Name (Last, First, Middle Initial)				
A. Dr. John Francis Jackson-Hughes			Date of Disbursement	
Mailing Address Nipigon District Mem Hosp 125 Hogan Rd P O Box 67			02 06	2013
	State Zip Code			
Nipigon	ON		Transaction ID :	D140269
Purpose of Disbursement Refund of contribution			Amount of Each D	isbursement this Period
Candidate Name	1	Category/		50.00
Office Sought: House Disbursen	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Dr Mary F Machamer MD			Date of Disbursem	ent
B. Dr. Mary E Machamer MD			M M / D D	
Mailing Address 481 Willard Ave			02 06	2013
•	State Zip Code ON M6S 3R7		Transaction ID :	D140029
Purpose of Disbursement	OIV WOS SKI			
Refund of contribution			Amount of Each Disbursement this Period	
Candidate Name	'	Category/ Type		20.00
Office Sought: House Disbursen	nent For:			
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Dr. Meir Rock MD			Date of Disbursem	ent
Mailing Addroop C Day musics Ct			02 06	/ Y Y Y Y Y 2013
Mailing Address 6 Ben-gurion St			02 06	2013
City S ISRAEL	State Zip Code		Transaction ID :	D140270
Purpose of Disbursement Refund of contribution				
Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 50.00
Office Sought: House Disbursen	nent For:	71: -		7
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				120.00
CODITION DISDUISONIENTS THIS I age (optional)				
TOTAL This Period (last page this line number only)				120.00